Children's Recovery Needs — Recognizing Stress in Children

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Adapted by UF/IFAS from: *Stress and Coping With Disaster: A Handbook Compiled Following the Midwest Flood of 1993 for Extension Professionals*, compiled by Marty Baker and Ami O'Neill

A disaster is frightening to everyone. Several factors play an important part in a child's reaction to the event. Children will be affected by the amount of direct exposure they have had to the disaster. If a friend or family member has been killed or seriously injured, or if the child's home, neighborhood or school have been seriously damaged, there is a greater chance that the child will experience difficulties.

Adults can help children grieve by listening patiently and allowing them to voice their fears. This is a major factor in a child's perception of adults' reactions to the disaster. Children are very aware of adults' worries most of the time but they are more sensitive during a disaster. Acknowledging your concerns to the child is important, as is your ability to cope with stress.

Another factor that affects a child's response is his/her developmental age. Talking about the disaster together using words children can understand is important, as is being sensitive to their different responses.

Preschool children will cling to parents and teachers, and will worry about their parents' whereabouts. School-age children whose homes have been damaged by a fire may express the fear that life isn't safe or fair, whereas adolescents may minimize their concerns but fight more with parents and spend more time with their friends. It is important to listen to children's individual concerns and to be alert to signs of difficulty.

Children are the most vulnerable population. Times of disaster and trauma increase their vulnerability. Recognizing children's symptoms of stress is not easy. Some stress reactions may include the following:

- Sleep disorders
- Persistent thoughts of trauma
- Belief that another bad event will occur
- Conduct disturbances
- Hyperalertness
- Avoidance of stimulus or similar events, for example, boating, swimming, baths, traveling
- Moving
- Regression, thumb sucking
- Dependent behaviors
- Time distortion
- Obsession about the event
- Feeling vulnerable
- Excessive attachment behaviors

Extension professionals, parents and caregivers can work with childcare providers to help them understand that parents who are under stress may not be able to provide enough love and affection for their children. Some of this lack of affection can be supplemented by childcare settings.

There are many factors that influence stress assessment in children.

Child's Developmental Level

Elementary school children in the developmental stage of accomplishing and feeling competent may not progress well in school. This is an interference in development. Research indicates that the stage of identity development (usually in adolescent and teen years) can be hampered if fear is pronounced. Expected reactions of children and adolescents to disasters:

- Refusal to return to school or child care. This may emerge up to several months after the disaster.
- Fears related to the disaster, e.g. the sound of wind, rain, thunder, sirens, etc.
- Sleep disturbances persisting several months after the disaster, manifested by nightmares and bedwetting.
- Misconduct and disobedience related to the disaster reflecting anxieties and losses that the child may not be talking about may appear weeks or months later.
- Physical complaints (stomachaches, fears, headaches, dizziness) for which no immediate physical cause is apparent.
- Withdrawal from family and friends, listlessness, decreased activity, preoccupations with the events of the disaster. Many

children may be confused or upset by their normal grief reaction.
- Loss of concentration, irritability.
- Increased susceptibility to infection and physical problems related to the disaster.

The most common psychological disturbances found among children who have lived through a disaster include: anxiety disorders, sleep disturbances, phobias, depression and post-traumatic stress disorder.

Children proceed through a variety of stages following a trauma. The following stages have been identified as stages one might expect following a disaster.

- Terror. Children might act this out by crying, vomiting or bodily discharge, becoming mute, loss of temper or running away.
- Rage, anger. Adrenaline release, tense muscles, heart rate increases.
- Denial. Children may withdraw into uncustomary behavior patterns. Behaviors may appear nonresponsive and be overlooked.
- Unresolved grief. Unresolved grief could move into deep depression or major character changes to adjust to unresolved demands of grief and trauma. A child may stay sad or angry, be passive or resistant.
- Shame and guilt. Often children do not believe in randomness and may even feel at fault after a disaster. Shame is one's public exposure of vulnerabilities. Guilt is private. There is a need to resolve these feelings, regain a sense of control, gain a new sense of independence and feel capable.

"Children might alter their behavior and react to stress by doing things that are not in keeping with their usual style."

Generally the world for small children is predictable and stable, and served by dependable people. A disruption in the stability of a child's world causes stress. The two most frequent indicators that children are stressed are (1) a change in behavior, and (2) a regression in behavior. Children might alter their behavior and react to stress by doing things that are not in keeping with their usual style. Behaviors seen in earlier phases of development, such as thumb sucking or bedwetting, may reappear.

Children may cope with stress is by daydreaming in a leisurely way. This is an escape. However, in doing so, they may envision revenge for "safety's" sake, or power. These daydreams and

illusions left unrecognized may then move into dangerous or damaging actions.

Age groups differ in their reactions to stress. For example, the loss of prized possessions, especially pets, holds greater meaning during middle childhood. Adolescents may fear personal harm, disruption of peer relationships and school life. Adolescents may feel that their growing independence from parents and family is threatened because families often pull together during a disaster.

"Age groups differ in their reactions to stress."

Preschool (Ages 1–5)

Normal behavior/Stressed behavior		
Normal development	Possible stressful reactions	Consider referral for professional help
◦thumb sucking, bedwetting ◦lack of self-control, no sense of time, want to exhibit independence (2+) ◦fear of the dark or animals, night terror ◦clinging to parents ◦curious, explorative ◦loss of bladder/bowel control ◦speech difficulties ◦changes in appetite	◦uncontrollable crying ◦trembling with fright, immobile ◦run aimlessly ◦excessive clinging, fear of being left alone ◦suddenly begins to act like a much younger child ◦marked sensitivity to loud noises or weather ◦confusion, irritability eating problems	◦excessive withdrawal ◦does not respond to special attention
NOTE: Any of these behaviors, even in the "normal" category, that is unusually prolonged or severe should be referred to mental health professional or a physician.		

Middle childhood (Ages 5–11)

Normal behavior/Stressed behavior		
Normal development	Possible stressful reactions	Consider referral for professional help
◦irritability ◦whining ◦aggression, question authority, try new behaviors for "fit" ◦overt competition with siblings for parents' attention ◦school avoidance ◦nightmares, fear of the dark ◦clinging ◦withdrawal from peers, loss of interest or concentration	◦suddenly begins to act like a much younger child ◦sleep problems ◦headache, nausea, visual or hearing problems ◦irrational fears ◦refusal to go to school, distractability, fighting ◦poor school performance ◦weather fears ◦excessive withdrawal, doesn't want ot talk or be around anyone	◦absolutely will not separate from parents ◦sudden bedwetting problems that last over two months ◦consistently on edge, seems afraid of the world, can't be calmed ◦crying jags over more than a 3 to 4 week period ◦refusal to go to school, distractability and fighting lasts for more than two weeks
NOTE: Any of these behaviors, even in the "normal" category, that is unusually prolonged or severe should be referred to mental health professional or a physician.		

Early Adolescence (Ages 11–14)

Normal behavior/Stressed behavior		
Normal development	Possible stressful reactions	Consider referral for professional help
○sleep disturbance ○appetite disturbance ○rebellion in the home, refusal to do chores	○withdrawal, isolation ○depression, sadness, suicidal ideation ○aggressive behaviors ○depression ○physical problems (skin, bowel, aches and pains)	○disoriented, has memory gaps ○severely depressed, withdrawn ○severe oppositionality, disobedience ○unable to care for self (eat, drink, bathe) substance abuse
NOTE: Any of these behaviors, even in the "normal" category, that is unusually prolonged or severe should be referred to mental health professional or a physician.		

Adolescence (Ages 14–18)

Normal behavior/Stressed behavior		
Normal development	Possible stressful reactions	Consider referral for professional help
◦poor concentration ◦headache/tension hypochondriases ◦appetite and sleep disturbance ◦begin to identify with peers, need for alone time, may isolate self from family on occasion ◦agitation, apathy irresponsible behavior	◦confusion ◦withdrawal or isolation ◦antisocial behavior (stealing, aggression, acting out) ◦withdrawal into heavy sleep, night frights ◦depression ◦psychosomatic problems (rash, bowel, asthma)	◦much the same as middle childhood ◦hallucinates, afraid will kill self or others ◦cannot make simple decisions ◦excessively preoccupied with one thought
NOTE: Any of these behaviors, even in the "normal" category, that is unusually prolonged or severe should be referred to mental health professional or a physician.		